Intent to Seek Accreditation and Program Approval

(Non-Degree Post-Baccalaureate Programs)

All sections of this form must be completed.

A. GENERAL INFORMATION

Institution/Organization Informatio	<u>n</u>
Chief Executive Officer's Name:	
Chief Executive Officer's Title:	
Institution/Organization Address:	
	State: Zip:
Type (private, public, non-profit):	
If the institution/organization is accrand dates(s) of the last accreditation	edited by NCATE, a regional, or other accrediting body, provide the name(s) review/visit:
Name:	Date of Last Visit:
Name:	Date of Last Visit:
Name:	Date of Last Visit:
Educator Preparation Unit Informat	<u>ion</u>
·	department within the institution or organization that has decision-making operation of the educator preparation programs. The Unit Head is the top ion Unit.
Unit Head's Name:	
Unit Head's Title:	
Unit Address:	

City:	State:		Zip:		
Telephone:	Email:				
Primary Accreditation Contact Person (if different from the Unit Head)					
Primary Accreditation Contact's Name:					
Primary Accreditation Contact's Title:					
Telephone:	Email:				
To the extent possible, please provide the followard Programs	wing informatio	on about the Edu	cator Preparation Unit and		
Branch and/or satellite locations (if applicable)					
Consortia agreements (if applicable)					
Key instructional partnerships (with LEAs, IHEs, e	etc.)				

B. PROGRAM(S) FOR WHICH APPROVAL IS REQUESTED

For each program for which approval is requested, place a check mark in the box to the right. Applicants must submit a Subject Area Program Proposal for each program identified as checked below.

Subject Area Programs		
Art (Grades K – 12)		
Biology (Grades 7-12)		
Chemistry (Grades 7-12)		
Computer Science (Grades 7-12)		
Early Childhood Education (Pre-Kindergarten – Grade 3)		
Educational Administration		
Elementary Education (Grades 1 - 6)		
English as a Second Language (Grades K - 12)		
English/Language Arts (Grades 7 -12)		
General Science (Grades 7-12)		
Health and Physical Education (Grades K – 12)		
Mathematics (Grades 1-6)		
Mathematics (Grades 4-8)		
Mathematics (Grades 7-12)		
Modern Foreign Language (Grades K – 12)		
Music – Instrumental (Grades K – 12)		
Music – Vocal (Grades K – 12)		
Physics (Grades 7-12)		
Social Studies (Grades 7-12)		
Special Education – Non-Categorical (Grades K – 12)		

C. ORGANIZATIONAL OVERVIEW

Please provide an overview of the applicant organization and preparation program proposal. The overview consists of the organization's mission; philosophy of education preparation; subject area programs applied for; and other relevant information to provide an overall understanding of the preparation program's design. Please be advised that OSSE reserves the right to distribute and post the Organizational Overview. Please limit your Program Overview response to five-pages in length.

Mission/Vision/Philosophy

Please provide a description of the organizational mission statement and education preparation philosophy. Include relevant background information, organizational history, and qualifications of key staff.

• Program Structure

Provide anticipated program start date, estimated tuition, and anticipated number of candidates. Describe the structure of the program, including course/contact hour requirements, and program length. Describe provisions for exiting participants from the program.

Field Experiences

Provide a description of pre-service practice and mentoring components. Include a description of schools, local educational agencies, and other partners.

Admissions

Provide information on the program's admission criteria and procedures (must meet minimum criteria identified in the Eligibility Requirements). Include information on recruitment and marketing plans, and ways in which the program will be made accessible to mid-career and other post-college applicants. Describe screening activities to determine candidate appropriateness for teaching or school administration. Describe degree requirements or other academic and/or job related credentials required for program entry.

D. ASSURANCES

On behalf of the organization designated on this form, I verify that the information provided in this application is true, correct, and complete. I am duly and legally authorized to represent the applicant organization. The applicant hereby provides assurance to the Office of the State Superintendent of Education (OSSE) for the District of Columbia that it meets the following conditions to qualify for an accreditation and program approval review:

Condition 1

There is a defined professional education unit within the organization, institution, or agency which is primarily responsible for the preparation of teachers and other professional education personnel.

Condition 2

A dean, director, chair, executive director, or other administrator has officially been designated to represent the professional education unit and has been assigned the authority and responsibility for its overall administration and operation.

Condition 3

There are written policies and procedures upon which the operations of the professional education program rest.

Condition 4

The educator preparation unit has established criteria for admission which include an assessment of basic skills and grade point average attained during undergraduate coursework prescribed by the District of Columbia Office of the State Superintendent of Education and other appropriate measures administered prior to admission to the program.

• <u>Condition 5</u>

The educator preparation unit has developed a candidate assessment system which evaluates the academic and professional competencies of education candidates at multiple points throughout all programs, through multiple evaluation methods.

• Condition 6

The organization, institution, or agency possesses the full legal authority to operate as an entity, in this capacity, in the District of Columbia.

• Condition 7

The institution is an equal opportunity employer and does not discriminate on the basis of race, sex, color, religion, age, disability, national origin, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, source of income, or place of residence or business (consistent with the Section 702 of Title VII of the 1964 Civil Rights Act and the D.C. Human Rights Act of 1977, as amended, D.C. Official Code Section 2-1401.01et seq.

Print Name of Executive Officer	Date		
Signature of Executive Officer	Date		

Submit completed forms to:

Office of the State Superintendent of Education 810 First Street, NE, 5th Floor Washington, DC 20002 Attn: Orman Feres OR orman.feres@dc.gov